Members of the Insurance and Real estate Committee,

As someone that has been involved with Access Health CT before it opened it's doors, and has enrolled close to 10,000 members through QHP's, Husky, and the SHOP program, I have seen the successes and failures from start to present. To start, I agree the rates are way too high. With that said... they are not too high for the approximate 3% of the population that qualify for subsidies. They are too high for the 97% of the CT population that are individuals and small business owners that DO NOT qualify for subsidies. So adding another product we can not afford is not the solution. Second, Access Health CT has a small group option, SHOP, which has not been utilized. Access Health CT has done zero advertising of the product, which is why there are only about 1200 members in the program. I am one of a handful of brokers that has sold this product and this is a broker driven sale. We haven't had literature or even a decent web portal to promote it in over 2 years. Since January, Access Health CT has fired the head of that department, had 2 quit, and now only one person left handling the whole program. Joe Courtney and myself have promoted the program at town meetings, yet we have not been able to convince the leaders of Access Health CT that the program is worthy of budget dollars to promote it. If the leaders of Access Health don't believe in the program themselves and won't promote it, what good is it? You can have a great program (which I believe this is), but if it's kept a secret, there is no value to anyone.

Back to the rates...I attended the rate hearings every year and witnessed the State of CT Insurance department rubber stamp the rate increases without question. The most memorable was 2 years ago when Anthem claimed that they needed the increase to offset the cost of HEP C treatments like Harvoni, yet the insurance department never looked into how Anthem handles those claims-Anthem denied Hep C treatment claims. Additionally, both Anthem and Connecticare have fees they have to pay to Access Health CT to sell individual and small group products in CT, which accounts for a large part of the administration fees. So it makes sense that the public option's admin fees would be less, since I didn't see in the bill where the public option would have to play by the same rules. I also, didn't see it mention the risk adjustment. It doesn't appear to be fair competition, since those two costs are what drove away the competition, in addition to the difficulties of doing business with Access Health CT. From my recollection, Anthem is the State employee carrier. Wouldn't that give Anthem an unfair advantage over Connecticare in the small group market? I believe it would. Healthy CT was shut down because, after paying the hefty risk adjustment to Anthem, they didn't have enough funds left in their reserves. Connecticare has had to pay that fee to Anthem as well. I am very concerned about the stability of Connecticare should these issues not be addressed. There are a lot of issues with our exchange from excessive fraudulent enrollments by the call center, poor service, and a total disregard for insurance industry laws, standards and ethics that I believe we need to focus on first. The crumbling foundation of our Health Insurance delivery system needs to be addressed first before we add another component to it. It is Access Health CT's job to attract and maintain the carriers-they have not done it. It's like having a car that keeps breaking down and buying new rims for it instead of addressing what's happening under the hood. I haven't seen one bill addressing the root cause of the problem, which is the cost of care. Thank you for your time.

Respectfully submitted by,

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